

MENTAL HEALTH WORKGROUP MEETING  
PREFERRED DRUG LIST  
JANUARY 14, 2005

Attendees: Duane Preshinger  
Gary Mihelish, DDS  
Marsha Armstrong (for Bobbi Renner)  
Mark Eichler  
Mignon Waterman  
Dan Peterson  
Roger Citron

Duane introduced Roger to workgroup. Roger gave a brief overview of his background.

Duane asked if there were changes to the December 3, 2004 minutes. He added that there were two changes that he would make. Julie's name is misspelled and "Psychologist" should be "Psychiatrist". He will make those changes. Marsha asked that "Bobbie" be changed to "Bobbi".

Duane also reported that CMS approved our PDL on Monday, January 10<sup>th</sup>. The tentative date for the first phase of the roll-out, the soft edits, is January 24<sup>th</sup>. Tentative date for the hard-edits is February 28<sup>th</sup>. List will be published on our website.

The Comprehensive Neuroscience contract was mailed today. We had changes narrowing Eli Lilly's involvement that had to be approved. Hope to have the contract back within two weeks for counter-signature.

Gary mentioned that Missouri saved 8 million dollars last year through the CMS program. Duane has a copy of that report and will forward to everyone. Mignon asked for an executive summary rather than the full report.

The Oregon Evidence Based Medicine contract will go out within the next two weeks. Montana will be the 15<sup>th</sup> state and the contract will end in 2006.

Mark talked about the December recap/January preview and asked Bonnie Adey and Gary how they felt about the public meeting. Gary thought it was a fair/reasonable meeting, well done. The psychiatrists said what we've been saying for the last 5 months. Bonnie mentioned that the weather might have had an effect on attendance and participation. Mark said the board really relies more on peers.

Bonnie asked if the board would benefit with the continuance of this information. Mark said, "yes, if a psychiatrist is not available, the issue will be tabled.

Mark asked if anyone has a problem with the non-preferred drug list. Roger said the asterisks at the top of the drug list should be considered as bullets. The last three in the non-preferred list are not non-preferred, just clinical edits.

A decision was made if the patient is not on Medicaid but at a later date does qualify for Medicaid, they can continue the same medications on Medicaid. If the patient has not been on the medications for 90 days, there would be a review and should use the preferred drug.

Gary said there is a problem with drugs that are trial rather than proven but not prescribed. Mark said we would still have to work with the provider to correct that problem.

Mignon asked if medications are subject to review – dosage levels, etc. Mark said that should be at the provider level but the board can review dosage.

If the board approved a medication, it was put on the preferred list, whether or not it is more expensive.

The next board meeting will be from 1:00 to 5:00 pm on January 26<sup>th</sup>. The format for the meeting is that the manufacturers will speak this time. The public can speak if they sign up and if there is sufficient time.

Duane said the current prescription drug budget is \$95 million; we are projecting it to increase 17% to \$111 million this year. Mark said the new entities coming to market are more expensive. Medicaid utilizes the drug rebate program, but the increase is due to new drug costs.

Duane mentioned that there is a proposed bill to provide for preferred drug list for DPHHS pharmaceutical policy. Mignon asked that Duane send information to the workgroup if it comes up for hearing.

The grievance process was discussed. Steps to be taken. The appeals process is built in. After the initial denial, the pharmacist should contact the board for prior authorization or the provider. Roger said that a tri-fold mailing is being prepared that contains contact information. It will be given to all OPAs to be provided to clients and will also go to all pharmacies. Mignon said that is a lot of work for the pharmacists and asked if they would do it. Roger said, “yes, it is a lot of work but most pharmacists will do it. Mark said it’s their way of doing business.

Providers will get a copy of the preferred drug list and a profile of their clients so they will know that medication for that patient is not on the preferred drug list and they will have to get prior authorization. If denial is given, and the appeal takes more than 72 hours, the patient will switch to preferred drug list during appeal. No patient will be without medication.

Mignon asked if we could go back, review and fix problems with access to medications. Mark said, “yes, we think this will work. Almost all problems will be advocated by the pharmacist and problems will be resolved at that level.”

Duane said we are meeting at Warm Springs on February 7<sup>th</sup>. We hope they will start with the PDL medications so they will know the drug works prior to patient release.

There was a discussion on the tri-fold. Mignon asked if there should be 4 bullets instead of 3 in the “remember no cost sharing for” section. The answer was “Yes, that will be corrected.”

Under “how does this work with my insurance” statement “if secondary, Medicaid will pay balance of cost”. It is correct, because we have to follow primary insurance formulary.

Bonnie questioned the last sentence in 3<sup>rd</sup> part “what if I take a medicine.” “You will always be able...”; suggested the word “always” be stricken. Agreed.

She also has concerns about the appeals process. Client doesn’t normally advocate on their behalf until fair hearing. The client can refuse replacement medicine.

Mignon asked how this is monitored to know if it works? Mark said we will know pretty quickly if it doesn’t.

She was also concerned about the process going to a fair hearing, especially with mental health clients. They aren’t willing to do it alone. Legal advocacy is not very helpful. Montana Legal Services, MAP and/or Peoples Law Center should be contacted.

Mignon also suggested we run a spell check before sending to printing. That will be done.

Gary is putting together a presentation in Late March or early April regarding how Medicare Part D will work with mental health drugs. Max Baucus and other federal representatives will be here and he will invite the workgroup.

Duane said that the Department appreciates the work of the committee and we will get back together in 6 months to discuss the PDL and if necessary, make any adjustments to the process.